

## **Identification with School and Head Trauma: Parental Perceptions on Student's Experiences**

**BreAnna Jones<sup>1</sup>, Lindsay Robinson<sup>1</sup>, Karen H. Larwin<sup>2</sup>**

<sup>1</sup>Department of School Psychology, Youngstown State University, USA

<sup>2</sup>Department of Education Foundations & Research, Youngstown State University, USA

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### **ABSTRACT**

In the United States 40% of all traumatic brain injuries (TBI) are in children under the age 14. This means a portion of the school age population is exposed to head injury every year. The effect this injury and experience can have on a child varies, but it is important for educators, counselors, and family to understand the psychosocial experiences that follow after TBI. Research has shown that head injury in childhood can have severe psychosocial effects if the injury is not treated, recognized, and planned for. This research is intended to shed light on what educators, counselors, and families can do to help children who have experienced a TBI. Previous research shows that a loss of sense of self after TBI in three categories; loss of self-knowledge, loss of self by comparison, and loss of self in the eyes of others. This investigation suggests that identification as "disabled" can impact how students identify with their school.

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#### **Corresponding Author:**

Karen H. Larwin,

Department of Educ. Foundations & Research,

Youngstown State University, USA.

Email: khlarwin@ysu.edu

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## **1. INTRODUCTION**

There has been a considerable amount of research in the field regarding head trauma and the impact it has on how people perceive themselves, as well as how others perceive them. There is a paucity of research examining these phenomena with children experiencing TBI. According to theorists such as Erik Erikson, the ego is steady, but can be disrupted by pathological conditions, such as in this case head trauma. Gelech and Desjardins [1] argue that stability, moral growth, and transcendence are all involved in recovering the loss of self that head trauma victims may experience and that the self is not a fixed, bound entity. The loss and recovery of self is multi-dimensional.

Research has maintained that TBI plays a role in loss of self in addition to the treatment and labels other put on people who have experienced head trauma [2]. He demonstrates that people with head trauma related injuries often have different views of themselves than the labels society gives them; whether the labels are positive or not. This can result in the head trauma victims experiencing confusion, and they generally battle to create an identity outside of their injury [2]. Children with TBI are more likely to require special services that they were prior to the TBI. This can result with being labeled or bullied by their peers [3]. This stigma creates turmoil for the TBI victims as these experiences do not align with their desired self-concept [4]. The current research examines whether this internal issues exist for minors who have dealt with a head trauma.

### **1.1. Special Education Students**

There is also a plethora of research detailing self-perception and self-esteem in students who receive special education services. Reiter & Lapidot-Lefler [3] found that students who receive special education

services had a lower overall self-esteem than their peers in regular education. The students in special education described themselves as being less competent in academics, leadership skills, and social skills. However, the study reported no differences between regular education and general education students when it came to social desirability concerns. Shany, Wiener, & Assido [5] found that how student's see themselves is impacted by their peers, and is impacted by how others, such as their parents and family member see themselves. Parents can have a large amount of contact with their children and can influence how their children see things around them as well as themselves [6].

Shany et al. [5] concluded that students with learning disabilities have a lower self-perception and a lower global self-esteem based on how their parents perceive them. Their parents communicate their expectations and perceptions which the students in turn interpret and use to help create ideas about their own sense of self. Generally, parents of students with disabilities feel that their child will do poorer on their academics than their regular peers [7]. However, the parent's perceptions of their student often result in student's perception of themselves [6].

## 1.2. Current Investigation

While a great deal of research exists on victims of TBI, the existing research still lacks examination of the impact of TBI on self-perception specifically with minors. While context, social-economic status, and severity of the injury all play a role in determining how a person handles their TBI, the individuals self-perception can impact how the individual approaches their world. A series of internal and external forces play a role in this. The current study specifically examines the perception in children by their parents and others. The current investigation proposed to examine specifically the perceptions of minors. Unlike other research, this investigation will examine perceptions of children who have TBI both with and without special education services. The current investigation aims to answer the following research questions:

1. Do parents of students in the three groups differ in whether they see themselves as having a disability?
2. Do parents of students in the three groups differ in whether they think others see them as having a disability?
3. Do the students in the three groups differ in their reported level of feeling close to people at their school?
4. Do the students in the three groups differ in their reported level of identification with school?
5. Is there an interaction between level of reported identification at school on parents' responses to whether they consider their child to have a disability and whether they believe others consider their child to have a disability?

## 2. RESEARCH METHOD

### 2.1. Participants

The current investigation uses survey responses from the ADHealth [8]. The study's population consisted of all individuals from the National Adolescent Health public data set [8]. A full description of the data collection is provided at <http://www.cpc.unc.edu/projects/addhealth>.

A random sample of student responses was drawn from the publicly available data set, for a total of 1173 participants in this study. The students were grouped into three groups: students who experienced a head trauma with no special education services, students who have experienced head trauma and have special education services, and students who received only special education services, but who have not experienced head trauma.

### 2.2. Instrumentation

Parents and students data included responses to the *In Home Questionnaire* section of the first wave of the ADHEALTH [8] first wave of data collection. The parents responses included asked parents to respond to the following items: (1) Do you consider your child to have a disability; and (2) would other people consider [him/her] to have a disability. For both parent questions, parents responded either "yes" or "no". Parents who did not respond or refused to respond on-respond to either question were not included. The student responses included responses to the question "do you feel close to people at school?" The students answered this question based on a Likert Scale (1-6) and the options consisted of: strongly agree, agree, neither agree nor disagree, disagree, refused, legitimate skip, don't know. If the students refused to answer, legitimately skipped the question or didn't know the answer the question, their data was not included in this investigation. Secondly, a continuous variable indicating the students reported level of the students "identification with school" was included in the analysis. This study is a mixed-group, between subjects design comparing the effects of students who were experiencing head trauma and regular education classes

only, head trauma with special education services, and no head trauma with special education services. Students were given the same questionnaire to provide for consistency.

### 3. RESULTS AND DISCUSSION

#### 3.1. Results

The Pearson's Chi-Square was used to examine differences in the parent responses across the groups. This revealed that there are significant differences between the three groups in the way they perceive their identity in school, their sadness, and the way their parents view them and think others view them. Additionally, a Pearson Chi-Square was used to examine whether differences exist across the groups when their parents are asked if they feel other people perceive their students as having a disability,  $\chi^2_2=8.95$ ,  $p=.01$ .

A Pearson's Chi-Square test was conducted in order to determine the differences exist between the head trauma students and the special education students when it comes to feeling close to people at school, the findings showed that there are significant differences between the groups. The Pearson's Chi-Square indicated that significant differences existed across the groups on how close they feel to people at school,  $\chi^2_8= p=.01$ . The three groups has similar responses and the majority agreed or strongly agreed that they felt part of their school 70% (special education), 66% (head trauma), and 72% (special education and head trauma). While these results are statistically significant, they are not practically significant. Descriptive statistics for the Identification with School variable are presented in Table 1.

Table 1. Descriptive Statistics for Identification with School

Variables	Mean	SD	Skewness	Kurtosis
Identify with school	2.18	0.86	0.89	0.86

As can be seen in Table 1, the skewness and kurtosis is normal,  $|2.0|$  and  $|-2.0|$ ,  $|5.0|$  and  $|-5.0|$  respectively. A one-way ANOVA reveals that no significant differences exist in the level of identification with school across the three groups,  $F(2, 1170)= 2.32$ ,  $p = .10$ . Figure 1 depicts the differences that exist between the groups and how they identify with their school.

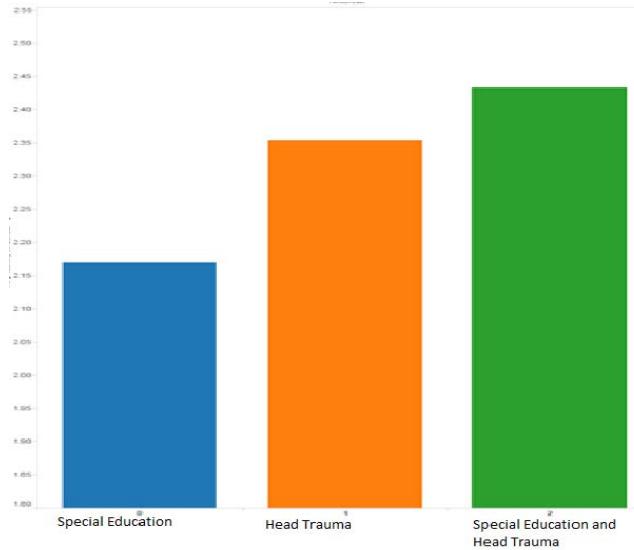


Figure 1. Level of Identification With School

Specifically, special education students ( $M = 2.17$ ,  $SD = .86$ ) identified with school at a lower level than students with head traumas ( $M = 2.35$ ,  $SD = .96$ ). Students with TBI who also reported receiving special education services revealed the highest level of identification with their school ( $M = 2.43$ ,  $SD = .85$ ).

A factorial ANOVA examined whether an interaction exists for parent responses and the students level of reported identification with school. Results indicate that there is no significant interaction,  $p = .507$ , however significant main effects for parents responses to whether they consider their child to have a disability,  $F(1, 118) = 6.25, p = .009$ . Likewise, a significant main effect is present for whether they believe others consider their child to have a disability,  $F(1, 118) = 7.601, p = .004$ . Figure 2 presents a graphical depiction of this relationship.

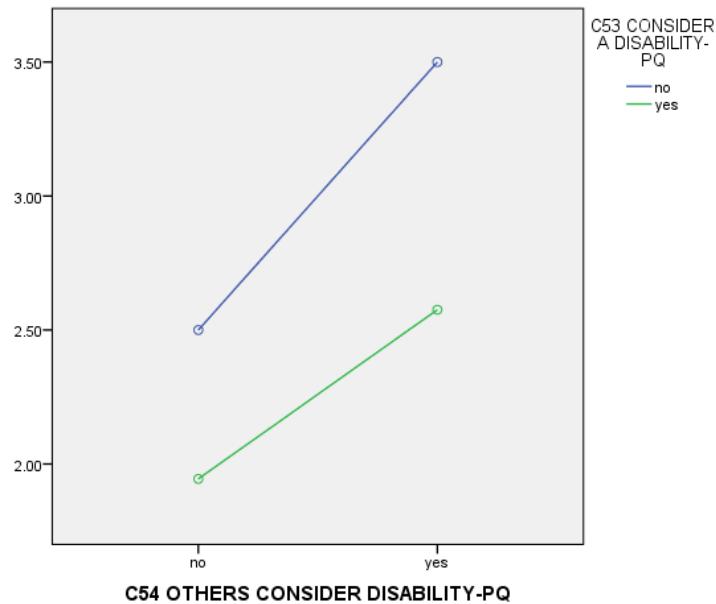


Figure 2. Identification with School with Parent Response

As can be seen in Figure 2, if parents responded to “yes” that they believe their child to have a disability was associated with a lower level of identification of school. However, if the parent indicated that they believed that others believed their student had a disability, this response was associated with a higher level of identification with school.

### 3.2. Discussion

Students who receive special education services are viewed as having a disability by 50% of parents surveyed. The other half of parents did not indicate that their child as having a disability. Whereas 72% of parents who have a student with head trauma surveyed indicate they see their child as having a disability. Also, 94% of parents who have students who receive special education and have had a head trauma view their child as having a disability. The Pearson Chi-Square revealed that significant differences exist across the groups when their parents are asked if they feel other people perceive their students as having a disability. The special education group and head trauma group had similar responses, with 54% (special education) and 44% (head trauma) responding “no”, they do not think others see their child as having a disability. However, the special education and head trauma group had 78% of respondents saying “yes” they do think others see their child as disabled. These finding do not deviate from existing research [9].

Why would parents so many parents across the three groups respond that their child has a disability? First, the term special education is used loosely [10]. Children receiving special education services may have a specific learning disability, which may include the imperfect ability to write, read, speak, think, or do math. However, this disability is not always visible outside of a classroom setting which can account for the difference in answers amongst parents asked if they see their child with having a disability or whether other people view their kids as having a disability.

The Pearson Chi-Square revealed that there is significance across student groups’ response for the do you feel close to people at your school variable. This might reflect the differences between the groups regarding their school; however the difference in sample size across the three groups may have impacted this finding. Likewise, the one-way ANOVA indicates that there are no differences in students reported level of identification with school. While differences were not statistically significant, results reveal that students who

have TBI and receive special education services reported the highest level of identification with school. This is consistent with existing research [5].

Finally, analysis examining if differences in level of identification with school are associated with parent responses indicate there is no interaction between parent responses. The level of identification with school was found to be significantly associated to whether or not the parent identified the child to have a disability and to whether or not the parent believes that other considers their child to have a disability. Noteworthy, these finding suggest that parent's beliefs about their children existence of a disability may be associated with the student's level of reported identification with their school environment. This is consistent with previous research that suggest that students with disabilities often have parents who can impact that students self and life (or school) satisfaction [5]. This finding suggests that parents may need to be educated on what is considered to be a learning disability, as well as what potentials await their children in light of the TBI.

#### 4. CONCLUSION

A potential limitation of the current investigation is the sample size of students who receive special education services and who have experienced a head trauma and students who do not receive special education services, but who have experienced a head trauma were small relative to the number of students who were identified as receiving special education services. Potential recommendations for future research is to compare length of time with the TBI to the variables currently analyzed in this study and the length of time of students receiving special education services to those same variables. Further research can help to build a better understanding of how students perceive themselves relative to their same aged school peers, and how parents perceive their student's disabilities or the children in light of TBI with or without the provision of special education services.

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**BIOGRAPHIES OF AUTHORS**

BreAnna Jones earned her Masters of Education in intervention services from Youngstown State University in 2015. BreAnna currently works as a graduate assistant for Youngstown State University's Department of Counseling, Special Education, and School Psychology, where she is currently working on her Education Specialist Degree in School Psychology. She is also on the board of the school psychology student organization. In 2014, BreAnna earned her B.A. in Social Studies from Youngstown State University. During her undergraduate career she worked as a peer tutor as well as a mentor for local youth.



Lindsay Robinson, M. Ed, acquired her Masters from Youngstown State University in Intervention Services from Youngstown State University in 2015. She is currently continuing her education to obtain an Ed. S. degree in School Psychology with an emphasis on Low Incidence Disabilities. Lindsay is also working as a Graduate Assistant in the Records office at Youngstown State University. Her primary focus as a graduate assistant is to help digitize records to the Banner System.



Karen Larwin, PhD, acquired her Ph.D. from Kent State University in Evaluation, Measurement, and Statistics in 2007. She currently serves as a professor at Youngstown State University. Dr. Larwin has participated as the evaluator on multiple federal and statewide grant supported projects over the past decade. Her primary teaching focus is in the area of research methods, quantitative methods, evaluation, and measurement. She is currently a Chair for the American Evaluation Association's Quantitative Methods: Theory and Design TIG.